

6-20-03

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
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**Fax** (703)746-4000

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MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
AND POPEO, P.C.  
One Financial Center  
Boston, MA 02111

*Glovsky*



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/905,035

07/13/2001

Dilip R. Wagle

26448

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TITLE OF INVENTION: CYANOMETHYL SUBSTITUTED THIAZOLIUMS AND IMIDAZOLIUMS AND TREATMENTS OF DISORDERS ASSOCIATED WITH PROTEIN AGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	06/20/2003

OK to Enter

EXAMINER	ART UNIT	CLASS-SUBCLASS
STOCKTON, LAURA	1626	514-365000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mintz Levin  
2 Ivor R. Elrifi, Ph.D.  
3 Matthew J. Golden

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Alteon Incorporated

Ramsey, New Jersey 07446

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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☒ Advance Order - # of Copies ten (10)

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(Authorized Signature)

(Date)

*Matthew J. Golden* June 19, 2003

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06/23/2003 CCHAU2 00000114 09905035

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